

FORMS CHECKLIST

PLEASE READ THE INSTRUCTIONS BELOW CAREFULLY **PRIOR** TO COMPLETING THE ENCLOSED SECURITY FORMS.

_____ Please submit a copy of your **resume** along with the forms listed below.

_____ **Certification for a Non-Sensitive Position**

Please print your full name under "Employee" and indicate the proposed duration of your internship. Please remember to sign the form at the bottom under "Employee."

_____ **Volunteer Agreement (with school)**

Please print the name and title of the designated representative at your school (e.g., registrar, career services office, clinical professor); the name of your educational institution; and your name on page 1. Indicate the proposed duration of your internship on page 2 (these dates should match those on the Certification for a Non-Sensitive Position Form). You and the designated representative should sign page 3.

_____ **Volunteer Agreement**

Please review the form and sign at the bottom. Attached to this form is a copy of 28 CFR 45, as indicated in the Agreement.

_____ **Declaration for Federal Employment, OF-306**

Please review this form and respond to the questions accordingly. Should you need more space to provide a detailed explanation to any question, you may attach an additional page. Make sure that your name and Social Security Number appear on any attachments you provide. Please sign #17a on page 2 under "Applicant's Signature."

_____ **Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act, DOJ-555**

This form authorizes the mandatory credit check that is conducted as part of the security clearance process. Please sign the form. The "Current Organization Assigned" is USDOJ, USAO, SDNY. Please be aware that for any accounts that appear on this report which are either in collection or outstanding, a detailed explanation of each item and documentation will be requested from you.

_____ **Questionnaire for Non-Sensitive Positions, SF-85 (and supplemental instructions)**

Please review this form carefully and respond to each question. If a question does not apply to you, please so state. If you use white out or make any correction on this form, you must initial the individual block in which the correction appears. If there is any information that you cannot recall, please so state.

Please don't overlook the following questions. #7-Citizenship: All applicants must respond to question 7d-Dual Citizenship. If you are a dual citizen with another country, state the country's name and provide an explanation as to

why you maintain dual citizenship. If you are not a dual citizen, please indicate N/A under "Country." #8 and #10-Residences and Employment: You must begin with the most current information and work back 5 years from the date you sign the SF-85 form (e.g., if you signed the form 2/01/03, you must go back to 2/98). #9-Your Education: Please make sure that you include your law school in this section, along with the month/year that your JD degree is expected.

You may attached additional sheets for any information which could not be included on the form itself (e.g., three additional references). Please indicate your name and Social Security Number on any additional sheets you submit, along with the question you are responding to.

You must submit the original form and three additional copies. The original and three additional copies must bear your original signature, in blue ink, on pages 5 and 6.

_____ Dual Citizenship Statement

If you indicated in response to question #7d on the Questionnaire for Non-Sensitive Positions, SF-85, that you are a dual citizen with a foreign country, you must sign the statement on this form.

_____ Additional Data for Single Scope Background Investigations and Other Background Investigations, OFI Form 36

Please indicate in Part A, any immediate family members who are resident aliens or U.S. citizens other than by birth. If you do not know the relation code, please identify the relationship (e.g., mother, father, etc.)

Part B is for you to provide information on your current spouse if he/she is foreign-born.

Part C is for persons sharing your living quarters and others, regardless of their citizenship status.

_____ Foreign National Relatives or Associates

Please complete this form for any relative or associate who is foreign born, even if they currently possess U.S. citizenship. Any persons whom you have listed on the OFI Form 36 must be included on this form. You should indicate the individual's name, relationship to you and how often you have contact.

WHEN YOU HAVE COMPLETED ALL OF THE FORMS CONTAINED IN THIS SECURITY PACKAGE, PLEASE REVIEW THEM TO ENSURE THAT THEY HAVE BEEN COMPLETED PROPERLY AND THAT ALL OF THE INFORMATION IS ACCURATE. INCOMPLETE PACKAGES WILL CAUSE DELAYS IN THE SECURITY PROCESS.

IF YOU WILL BE IN THE NEW YORK AREA, PLEASE CONTACT THE INTERN COORDINATOR FOR A DATE AND TIME TO BRING IN YOUR COMPLETED FORMS AND BE FINGERPRINTED. IF YOU ARE OUT-OF-STATE, PLEASE CONTACT THE INTERN COORDINATOR FOR ALTERNATIVE SITES FOR FINGERPRINTING AND SUBMIT YOUR COMPLETED FORMS WITH THE COMPLETED FINGERPRINT CARDS. SF-87A FINGERPRINT CARDS (IN TRIPLICATE) WILL BE THE ONLY FINGERPRINT CARDS ACCEPTED.

CERTIFICATION FOR A NON-SENSITIVE POSITION

(Note: Can only be used for a position outside the Strike Force or Drug Task Force)

TO: Assistant Director, Personnel Staff
Executive Office for United States Attorneys

This certification constitutes a mutual understanding between the:
(District) _____

and (Employee) _____ that he/she will be
placed in a non-sensitive position.

The employee will occupy a non-sensitive position in a sensitive DOJ space. The employee will work six months or less, and will not have access to sensitive or classified material. The appointment is not intended to be renewable, nor is it intended to be a preliminary step to a sensitive position. It is understood by all parties to this certification that the employee:

Understands that his/her appointment and access to the building may be terminated at any time; and

Understands that he/she will not be permitted to receive, handle in any way, or have direct or indirect access to, or knowledge of, classified material, or sensitive information, either through discussions, overhearing telephone conversations, handling, seeing, or photocopying any sensitive documents or accessing sensitive computer systems, such as JCON. Also, the employee acknowledges that he/she will inform any person who should begin to divulge such classified or sensitive information to him/her that he/she is not cleared or permitted to be privy to such material.

The appointment duration involved in this certification commences on or about _____ and will end on or about _____.

I agree and understand all conditions that are set forth above:

United States Attorney, Assistant United States Attorney or Supervisory Personnel

Date

Employee

Date

Volunteer Agreement

This agreement constitutes a mutual understanding between:

_____ of the Department of Justice
District Office

_____,
Designated Representative

_____, and
Educational Institution

_____ for the placing of the
Student Volunteer

student in an uncompensated work assignment with the United States Attorney's Office as part of a program established for the purpose of providing an educational experience for the student. It is understood by all parties to this agreement that:

Student

- is officially enrolled not less than half-time in a course of study at the above-named school; and
- the above-named educational institution has given permission for the above-named student to volunteer his/her services, and the services rendered by the student are to be uncompensated; and
- the student understands that his/her services and access to the building may be terminated at any time by either him/herself or an official of the United States Attorney's Office; and
- the student understands that he/she will not be permitted to receive, handle in any way, or have direct or indirect access to, or knowledge of, classified materials, within the meaning of Executive Order 11652, or sensitive investigative material which includes, but is not limited to, testimony before a grand jury, wire and oral communications intercepted consensually or pursuant to provisions of 18 U.S.C. 2510-2520, information related to orders to compel testimony (immunity of witnesses) pursuant to 18 U.S.C. 6001-6005, intelligence reports and investigative reports of the various State, Local and Federal agencies and Department of Justice official files. Also, the student acknowledges the he/she will inform any person who should begin to divulge such classified or sensitive investigative material.

- the student is not considered to be a Federal employee for any purpose other than for:
 1. The Federal Tort Claims provisions published in 28 U.S.C. 2671 through 2680.
 2. Title 5 , U.S.C. chapter 81, relative to compensation for injuries sustained during the performance of work assignments.

The period of volunteer service involved in this agreement commences on or about _____ and will end on or about _____.

It is further agreed that the United States Attorney's office will maintain an attendance record showing the dates and hours the student worked and provide a supervisor appraisal of the student's performance upon completion of the volunteer services to the above-named educational institution.

I agree and understand all condition that are set forth above:

United States Attorney or Designee

Date

Educational Institution Representative

Date

Student

Date

VOLUNTEER AGREEMENT

I, _____, the undersigned, acknowledge and agree to the following conditions for the duration of my service as a volunteer with the United States Attorney's Office, _____ (District), Department of Justice:

1. I waive all claims to pay for services rendered;
2. I understand that my services and access to the building may be terminated at any time by either myself or an official of the United States Attorney's Office; and
3. I acknowledge that I am not cleared to permitted to receive, handle in any way, or have direct or indirect access to, or knowledge of, classified material, within the meaning of Executive Order 11652, or sensitive investigative material which includes, but is not limited to, testimony before a grand jury, wire and oral communications intercepted consensually or pursuant to the provisions of 18 U.S.C. or pursuant to the provisions of 18 U.S.C. 2510-2520, information relating to orders to compel testimony (immunity of witnesses), pursuant to 18 U.S.C. 6001-6005, intelligence reports and investigative agencies and Department of Justice Official Files. Also, I acknowledge that I will inform any person who should begin to divulge such classified or sensitive investigative material to me that I am not cleared or permitted to be privy to such material.

I further understand and acknowledge that the only material as to which I will have access in my assignment under this program is material which would be classified as "public record" material.

(Student's Signature)

(Date)

Declaration for Federal Employment

INSTRUCTIONS

The information collected on this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process.

Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However,

if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"), including your name, Social Security Number, and item number on each sheet. It is recommended that you keep a photocopy of your completed form for your records.

Declaration for Federal Employment

Form Approved:
O.M.B. No. 3206-0182
50306-101

GENERAL INFORMATION

1 FULL NAME ▶	2 SOCIAL SECURITY NUMBER ▶
3 PLACE OF BIRTH (Include City and State or Country) ▶	4 DATE OF BIRTH (MM/DD/YY) ▶
5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.) ▶ ▶	6 PHONE NUMBERS (Include Area Codes) DAY ▶ NIGHT ▶

MILITARY SERVICE

- 7** Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO".

Yes	No

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH	FROM	TO	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

- 8** During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
- 9** Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.
- 10** Are you now under charges for any violation of law? If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
- 11** During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.
- 12** Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

Yes	No

ADDITIONAL QUESTIONS

- 13** Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.
- 14** Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

Yes	No

CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS

- 15** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATIONS / ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected, Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed, Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

16 I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a Applicant's Signature ►
(Sign in ink)

Date ►

16b Appointee's Signature ►
(Sign in ink)

Date ►

APPOINTING OFFICER: Enter Date of Appointment or Conversion

►

- 17** **Appointee Only (Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job? _____

17b When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? _____

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled. _____

Date (MM/DD/YY)		
Yes	No	Don't Know

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, D.C. 20415.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceeding where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognition and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives,

the Federal Acquisitions Institute, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

PRIVACY ACT PROTECTED INFORMATION

(When Completed)

**United States Department of Justice
Disclosure and Authorization Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act**

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment or in the course of your employment with the Department. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, _____, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Signature

Date

Social Security Number

Current Organization Assigned

U.S. ATTORNEY'S OFFICE
SOUTHERN DISTRICT OF NEW YORK

PLEASE READ AND CAREFULLY FOLLOW THESE INSTRUCTIONS WHEN COMPLETING THE SF-85.

Note that the SF-85 is very complicated and that the instructions printed on the form MAY NOT BE COMPLETE. PLEASE CAREFULLY READ AND FOLLOW THESE ADDITIONAL INSTRUCTIONS. The following information is important to remember as you complete the form:

1. All persons completing the SF-85 need only provide information back five (5) YEARS.
2. The SF-85 form MAY BE TYPED OR NEATLY HANDWRITTEN. Individual blocks where corrections have been made MUST be initialed.
3. It is essential that addresses and telephone numbers be complete on the original form, as well as on the additional copies you are asked to supply. That is, street number, street name, city, state and zip code. Telephone numbers must also be complete with area codes. DO NOT abbreviate names of cities, streets, etc. An abbreviation commonly used locally by residents of a city is not necessarily recognizable nationwide.
4. There must be NO GAPS in time in your employment history or listings of the places you have lived for the past five (5) years. (They really mean this; if the information isn't there, our headquarters will return the forms.) DO NOT FORGET TO INCLUDE ANY PERIODS OF UNEMPLOYMENT along with the name address and telephone number of the person who can verify this.
5. We need SIX personal references with COMPLETE home or work addresses and daytime telephone numbers.
6. If you really do not know and cannot find the answer to a question, write out "I CANNOT FIND" or a similar message. Otherwise it appears you forgot the question. On a separate sheet you must explain why you cannot find this information.
7. EVEN IF THE SF-85 SAYS YOU MAY LEAVE A CERTAIN QUESTION BLANK, DO NOT! If the question does not apply to you, type in "N/A."
8. Four copies of this form (SF-85) are needed. Each copy must have an ORIGINAL SIGNATURE on pages 5 and 6.

Attachment sheets should be used to answer completely the information asked for. Be sure to reference each category by its number and name. Also, include your name and social security number on the top of each page. If you wish to complete your continuation sheets on a word processor, please make sure that the printing is dark enough to photocopy.

THE SUPPLEMENTAL INSTRUCTIONS BELOW CORRESPOND TO THE NUMBERED CATEGORIES LISTED ON THE FORM SF-85

ITEM 7 CITIZENSHIP: Include the date (month, day and year), place (city and state) and United States District Court of Naturalization if you are a naturalized citizen.

ITEM 8 WHERE YOU HAVE LIVED: All residences lived in for the past five (5) years must be listed. If residence is in an apartment complex, the name of the complex and specific apartment number. For residences in the past three (3) years, if the residence is rented or leased, list the name, address and phone number of the owner or manager and the name of the individual in whose name the rental agreement or lease was established. Addresses must be complete including street number, street name, city, state and zip code.

ITEM 9 WHERE YOU WENT TO SCHOOL: If all of your education occurred more than five (5) years ago, provide the requested information for your last education above high school, no matter when that education occurred. Continue to list all college or university degrees. If a general equivalency diploma was obtained, the state which issued it should be noted. List any vocational, professional or technical schools you have attended. List the month and year you began and ended schooling at each educational institution. List degree, diploma, certificate etc., received. If you received no such degree, indicate "NONE." If you did not graduate from high school, list the general type of high school courses that you completed, i.e., commercial, secretarial studies, etc. Include complete addresses for all schools, including street number, street name, city, state and zip code.

ITEM 10 YOUR EMPLOYMENT HISTORY: List all employment in the last five (5) years, full or part time, in chronological order (starting with current employment). All supervisors must be listed for each employment, including their telephone numbers with area codes. Be sure complete addresses including street number, street name, city, state and zip codes, are provided for each employment and job listed. If employment is with the government or some other large organization show the department, bureau, division and section or specific subdivision. This is particularly important for individuals who have had numerous assignments within the military, government, large corporations or institutions. If you are a member of a military reserve component or National Guard Unit, list the organization, its location, and name of your

immediate superior officer and the officer's telephone number. INCLUDE ALL PERIODS OF SELF-EMPLOYMENT AND UNEMPLOYMENT. Provide names, addresses and telephone numbers of persons who can verify all periods of unemployment or self-employment, such as individuals employed by you, landlords, friends, roommates, competitors, or clients. The entire five (5) year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

NOW, DOUBLE CHECK WHEN YOU HAVE FINISHED THIS SECTION to be sure that all periods of time are accounted for during the past five (5) years! DO NOT LEAVE ANY GAPS IN TIME!!!

ITEM 11 PEOPLE WHO KNOW YOU WELL: Six different references must be listed, even though the form only asks for three. Please list three of the references on page 4 and the remaining three on an attachment sheet. Provide complete home or work addresses, (street number, street name, city, state and zip code) and home and business telephone numbers (including area codes) where they can be reached during the day. References should reside in the continental United States. Do not list APO, FPO or Post Office Box addresses.

ITEM 12 YOUR SELECTIVE SERVICE RECORD: If applicable, your selective service registration number must be filled in. You may obtain this number by calling (847) 688-6888.

ITEM 13 YOUR MILITARY HISTORY: Complete per this item's directions.

ITEM 14 ILLEGAL DRUGS: Complete per this item's directions.

YOU MUST SIGN PAGES 5 AND 6 OF THE SF-85 AND ASSURE THAT YOUR ORIGINAL SIGNATURE IS ON THE ADDITIONAL COPIES REQUESTED.

WHAT IF YOU DO NOT HAVE ALL THE INFORMATION REQUIRED?

It may be that you do not have all addresses, phone numbers, zip codes, etc., which are required. You need to make an effort to get as much of the information as you possible can. Check phone books, zip code directories; call relatives or friends; check your personal papers. If you are still unable to get everything, **DO NOT LEAVE ANY ITEM BLANK OR INCOMPLETE.** Provide an explanation. If the answer to one of the items is "I CANNOT FIND," please indicate such, so the FBI/OPM will know that you did not just forget to complete the item.

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 5 and the release on page 6. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731 and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects

of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved:
O.M.B. No. 3206-0005
NSN 7540-00-834-4035
85-111

OPM USE ONLY		Codes		Case Number	
Agency Use Only (Complete items A through K using instructions provided by USOPM)					
A Type of Investigation	B Extra Coverage	C Nature of Action Code	D Date of Action	Month	Day Year
E Geographic Location	F Position Title		G SON	H SOL	
I OPAC-ALC Number	J Accounting Data and/or Agency Case Number				
K Requesting Official	Name and Title	Signature	Telephone Number	Date	

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN." • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH					
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

3 PLACE OF BIRTH • Use the two letter code for the State.	4 SOCIAL SECURITY NUMBER				
City	County	State	Country (if not in the United States)		

5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.					
#1 Name	Month/Year To	Month/Year	#3 Name	Month/Year To	
#2 Name	Month/Year To	Month/Year	#4 Name	Month/Year To	

6 SEX (Mark one box)	Female <input type="checkbox"/>	Male <input type="checkbox"/>
-----------------------------	---------------------------------	-------------------------------

7 CITIZENSHIP	8 Your Mother's Maiden Name
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. → Answer Items b and d	
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. → Answer Items b, c, and d	
<input type="checkbox"/> I am not a U.S. citizen. → Answer Items b and e	

c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
-------	------	-------	--------------------	-----------------------

Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
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U.S. Passport

This may be either a current or previous U.S. Passport.	Passport Number	Month/Day/Year Issued
---	-----------------	-----------------------

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country
---	---------

e ALIEN If you are an alien, provide the following information:					
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship

8

WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

#1	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knows You	Street Address	Apt. #	City (Country)	State ZIP Code
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State ZIP Code
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State ZIP Code
#4	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State ZIP Code
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State ZIP Code

9

WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 5 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For correspondence schools and extension classes, provide the address where the records are maintained.

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
					State	ZIP Code
Street Address and City (Country) of School						
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
					State	ZIP Code
Street Address and City (Country) of School						
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
					State	ZIP Code
Street Address and City (Country) of School						

Enter your Social Security Number before going to the next page



10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | | | |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 4 - Other Federal employment | | | |

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1 To Present						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
#2 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
#3 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#5	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#6	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

11 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
Home or Work Address		City (Country)	State ZIP Code
#2	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
Home or Work Address		City (Country)	State ZIP Code
#3	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
Home or Work Address		City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page →

12 YOUR SELECTIVE SERVICE		Yes	No
a	Are you a male born after December 31, 1959? If "No," go to 13. If "Yes," go to b.		
b	Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		
<div style="display: flex; justify-content: space-between;"> Registration Number Legal Exemption Explanation </div>			

13 YOUR MILITARY HISTORY		Yes	No
a	Have you served in the United States military?		
b	Have you served in the United States Merchant Marine?		
<p>List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.</p> <p>Code. Use one of the codes listed below to identify your branch of service:</p> <p style="text-align: center;">1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard</p> <p>O/E. Mark "O" block for Officer or "E" block for Enlisted.</p> <p>Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.</p> <p>Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.</p>			
Month/Year	Month/Year	Code	Service/Certificate #
		O E	Status
			Active Active Reserve Inactive Reserve National Guard (State)
To		Country	
To			

14 ILLEGAL DRUGS		Yes	No
<p>In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)</p>			
<p>If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.</p>			
Month/Year	Month/Year	Type of Substance	Explanation
To			
To			
To			

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 8, 9, and 10. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security number. Before each answer, identify the number of the item.

After completing this form you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 6.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
-------------------------	------

Enter your Social Security Number before going to the next page →

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed
Other Names Used				Social Security Number
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code)

DUAL CITIZENSHIP

"I understand that, because of the citizenship laws of the country that I have listed on my Personnel Questionnaire Form, it is possible that country currently considers me to be its citizen thereof regardless of my valid U.S. citizenship. Notwithstanding such a possibility, I hereby declare that I am a citizen of the United States and that my loyalty and allegiance are to the United States."

NAME - PRINT

SIGNATURE

DATE

U.S. Office of Personnel Management
**ADDITIONAL DATA FOR
SINGLE SCOPE BACKGROUND INVESTIGATIONS
AND OTHER BACKGROUND INVESTIGATIONS**

OPM-FIPC USE ONLY

Part A

IMMEDIATE FAMILY MEMBERS WHO ARE RESIDENT ALIENS OR U.S. CITIZENS OTHER THAN BY BIRTH (Question #17, SF 86). Provide Information if your parent (s), brother(s), sister (s), and/or child(ren) is/are foreign-born. Use the same relation code below as that shown on the SF 86. If you have more than one foreign-born immediate family member of the same category, list each person's name after the code (e.g., #8 Joseph). If any citizenship is derivative, show the parent(s) from whom the citizenship was derived, their date and place of entry into the U.S. and citizenship data. Use a separate sheet of paper if additional space is required.

1. Relation Code for Each	2. Alien Registration or Naturalization Certificate Number	3. Date of Citizenship

Part B

SPOUSE (Question #18, SF 86). Provide information if your current spouse is foreign-born. If any citizenship is derivative, show the parent(s) from whom the citizenship was derived, their date and place of entry into the U.S., and citizenship data. Use separate sheet of paper for additional space.

1. Name	2. Alien Registration or Naturalization Certificate Number	3. Date of Citizenship

Part C

PERSONS SHARING LIVING QUARTERS AND OTHERS (Question #19, SF 86). Under certain clearance requirements, you are asked to provide data, regardless of citizenship status, for: (1) cohabitants; and (2) any other persons to whom you are bound by affection or obligation who may be subject to duress by a foreign power. For those foreign-born listed on SF 86, you need to provide information not previously provided. Include aliases, former married names, and maiden name (show "NEE:" in front of maiden name). For additional space, use separate sheet and same number format.

a. Name of Person (Last, first, middle)		1. Other name Used (Last, first, middle, and dates used)		
2. Date of Birth	3. Place of Birth (Include country if outside the U.S.)	4. Social Security Number	5. Date of Citizenship	
6. Alien or Naturalization (if citizenship is derivative, show the parent (s) from whom the citizenship was derived, their date and place of entry into the U.S. and citizenship data)				
b. Name of Person (Last, first, middle)		1. Other name Used (Last, first, middle, and dates used)		
2. Date of Birth	3. Place of Birth (Include country if outside the U.S.)	4. Social Security Number	5. Date of Citizenship	
6. Alien or Naturalization (if citizenship is derivative, show the parent (s) from whom the citizenship was derived, their date and place of entry into the U.S. and citizenship data)				

1. Name of Subject of Investigation (last, first, middle)	2. Social Security Number

Foreign National Relatives or Associates

Please describe the nature, frequency, and degree of your contact with the foreign national relatives/associates you listed on your security questionnaire:

<u>Name of Relative</u>	<u>Nature, Frequency, and Degree of Contact</u>
--------------------------------	--

Certification:

I hereby certify that I will notify the Department of Justice, or Executive Office for United States Attorneys, Security Officer, if, for any reason, my relatives or associates are used in an effort to coerce, influence, or pressure me to act in a manner contrary to the best interest of the national security.

_____ Signature	_____ Date
---------------------------	----------------------

Print Name
